

Case Number:	CM15-0134223		
Date Assigned:	07/22/2015	Date of Injury:	08/04/2009
Decision Date:	10/08/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59-year-old female who sustained an industrial injury on 8/04/09. The mechanism of injury was not documented. Surgical history was positive for right shoulder subacromial decompression in 2007, labral repair and revision decompression in 2009, and revision labral repair in 2010, reverse right total shoulder arthroplasty on 11/4/13, and C5-C7 anterior cervical discectomy and fusion on 9/22/14. The 5/11/15 treating physician report indicated that the injured worker had a significant keloid scar above her right shoulder surgical incision that had thickened over time, was raised and 5 to 6 mm wide. She reported that the keloid was painful when she extended her shoulder and it bothered her cosmetically. She wanted the scar revised. The treatment plan recommended surgical excision with corticosteroid injection which would possibly deter recurrence of the keloid. Authorization was requested for excision of a keloid scar right shoulder and 12 visits of post-op physical therapy for the right shoulder. The 6/19/15 utilization review non-certified the request for excision of a keloid scar right shoulder and associated post-op physical therapy as there were no documented attempts at conservative treatment. The 8/5/15 physical therapy report cited 5/10 right shoulder pain. She reported 20% improvement in reaching across her body. She reported that her shoulder was looser for about one day after pool therapy due to the warmth. She fatigued with exercises with minimal discomfort in the pool. She had made some progress in terms of less pain with reaching and having more range of motion temporarily after each pool session. The 8/26/15 treating physician report indicated that the injured worker had just completed 6 approved sessions of physical therapy for range of motion and strength. She felt her right shoulder was somewhat improved.

She continued to complain of pain at the keloid scar. Objective findings documented a keloid scar on the anterior right shoulder measuring 12 cm in length, 5 mm in width, and raised 4 mm. The scar was tenderness to palpation, especially along the distal half where the keloid was more prominent. Right shoulder active range of motion was documented as flexion 130 degrees, external rotation 55 degrees, and internal rotation to L5. Strength testing documented 5-/5 forward flexion, and 5/5 internal and external rotation. The treatment plan recommended 6 additional physical therapy sessions for range of motion, strengthening, and home exercise program as this had been helpful and she was making progress. Since the request for keloid scar surgery had not been authorized, referral for a single consultation with a plastic surgeon for treatment options was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Excision of Keloid scar right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Work loss data institute.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. This injured worker presents status post right reverse total shoulder arthroplasty with complaints of pain over a keloid scar. Clinical exam documented a keloid scar on the anterior right shoulder measuring 12 cm in length, 5 mm in width, and raised 4 mm. There is no specific evidence of functional impairment specific to this scar. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment for scar management and failure has not been submitted. Records indicate that referral to a plastic surgeon has been recommended to explore treatment options. Therefore, this request is not medically necessary at this time.

Post-op physical therapy 12 sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired since the reverse total shoulder

arthroplasty. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The injured worker has persistent right shoulder discomfort with limitation in range of motion and reaching. There was no specific strength deficit relative to the right shoulder documented. Records do not evidence maintained functional improvement with therapy. There is no compelling rationale to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve further rehabilitation goals. As the keloid scar surgery has not been found medically necessary, post-operative physical therapy would not be supported. Therefore, this request is not medically necessary.